

CONUS CODING VALIDATION



March 2002 – August
2002

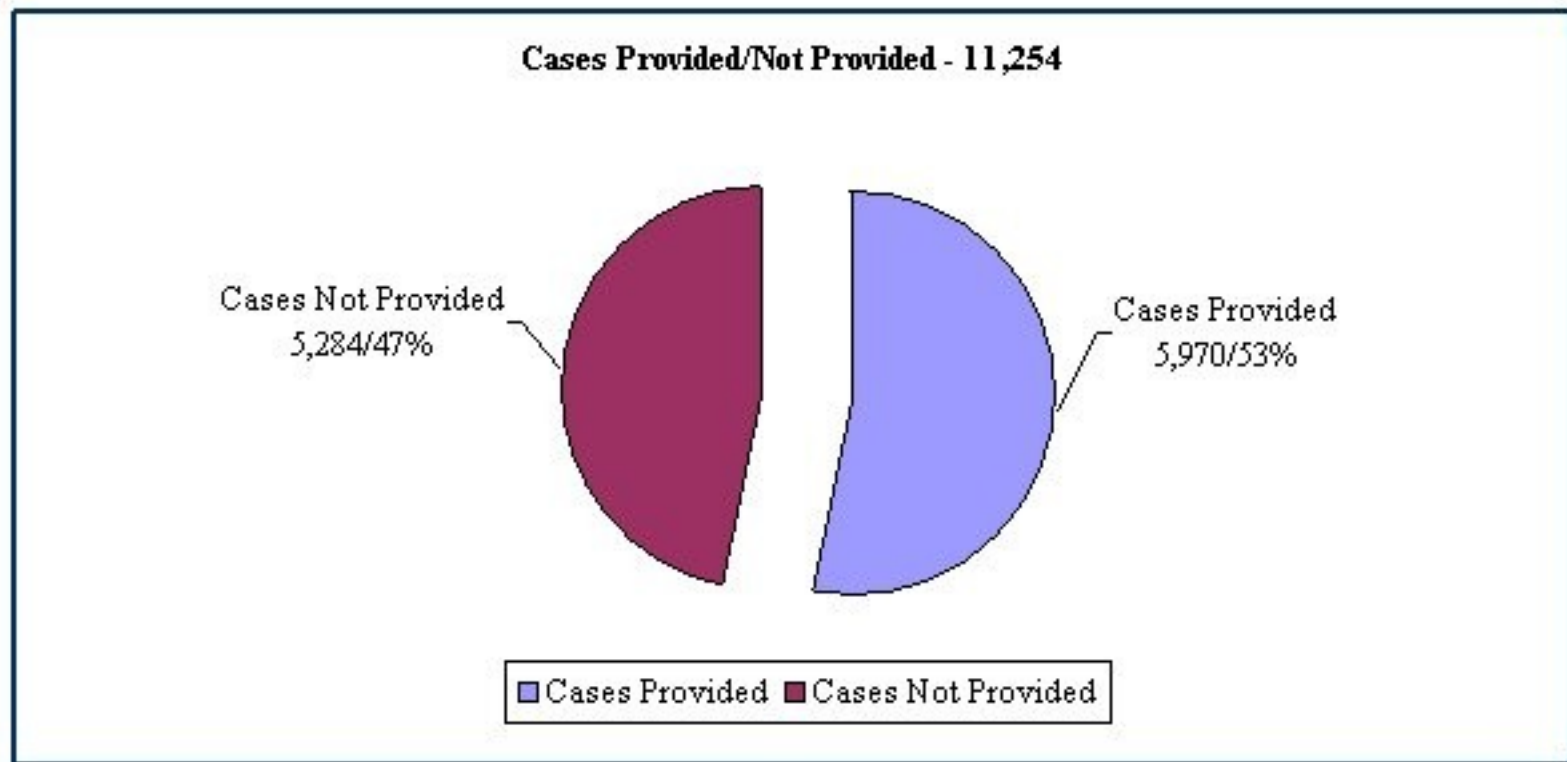
September 24, 2002

VALIDATION SITES

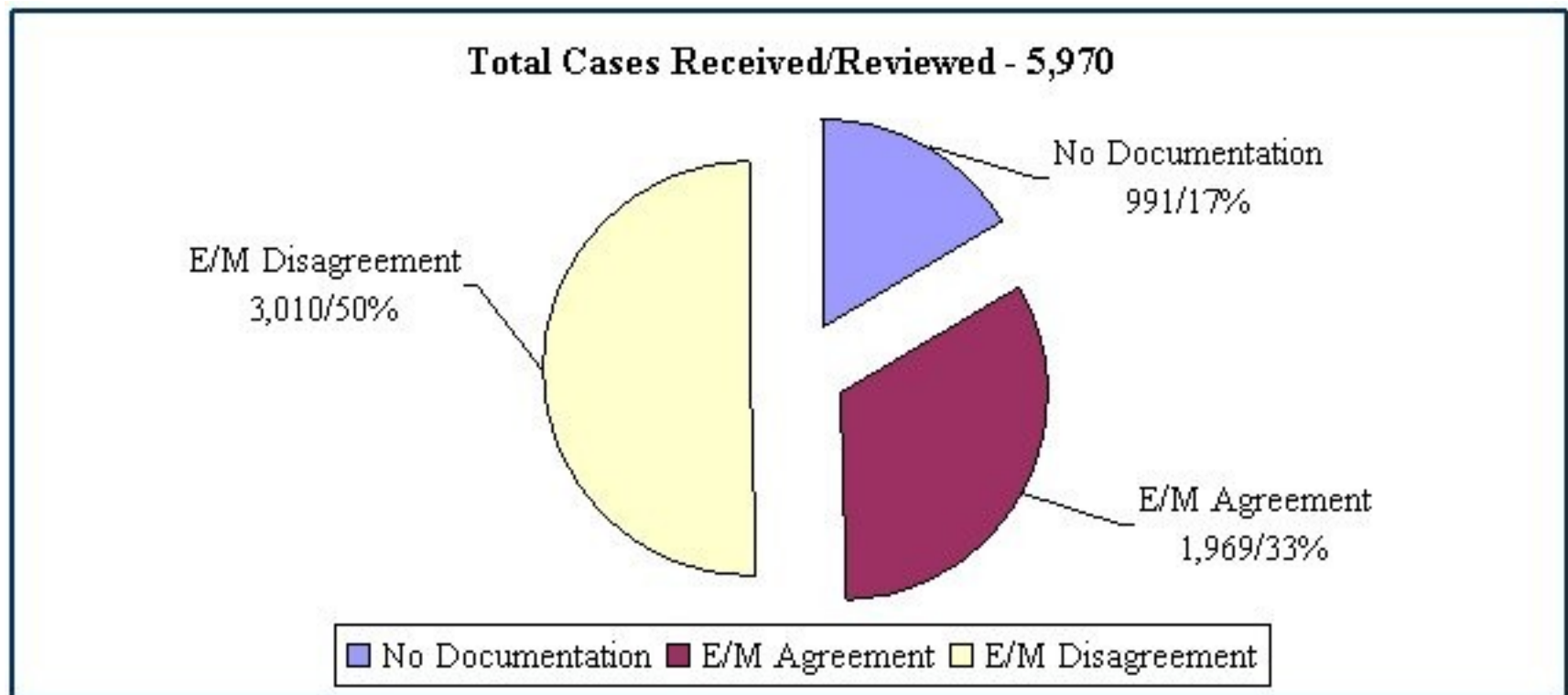


- Air Force 25
- Navy 8
- Army 17
- Total 50

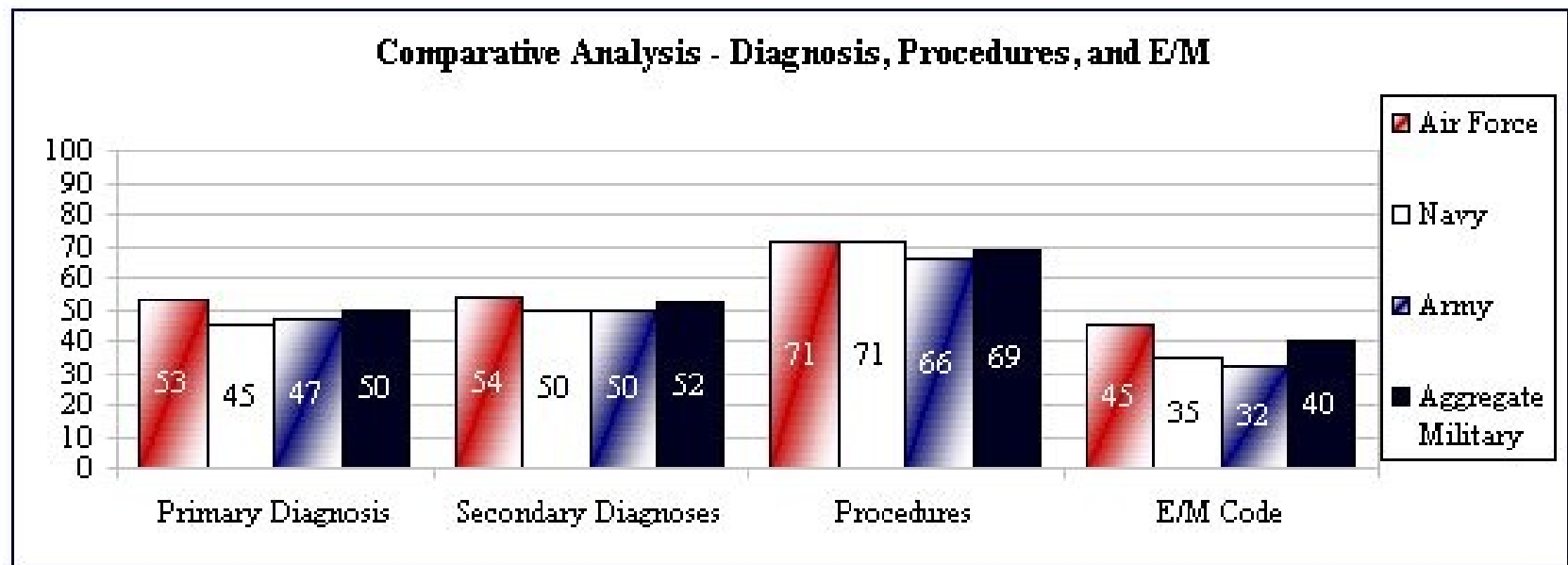
Cases Provided/Not Provided



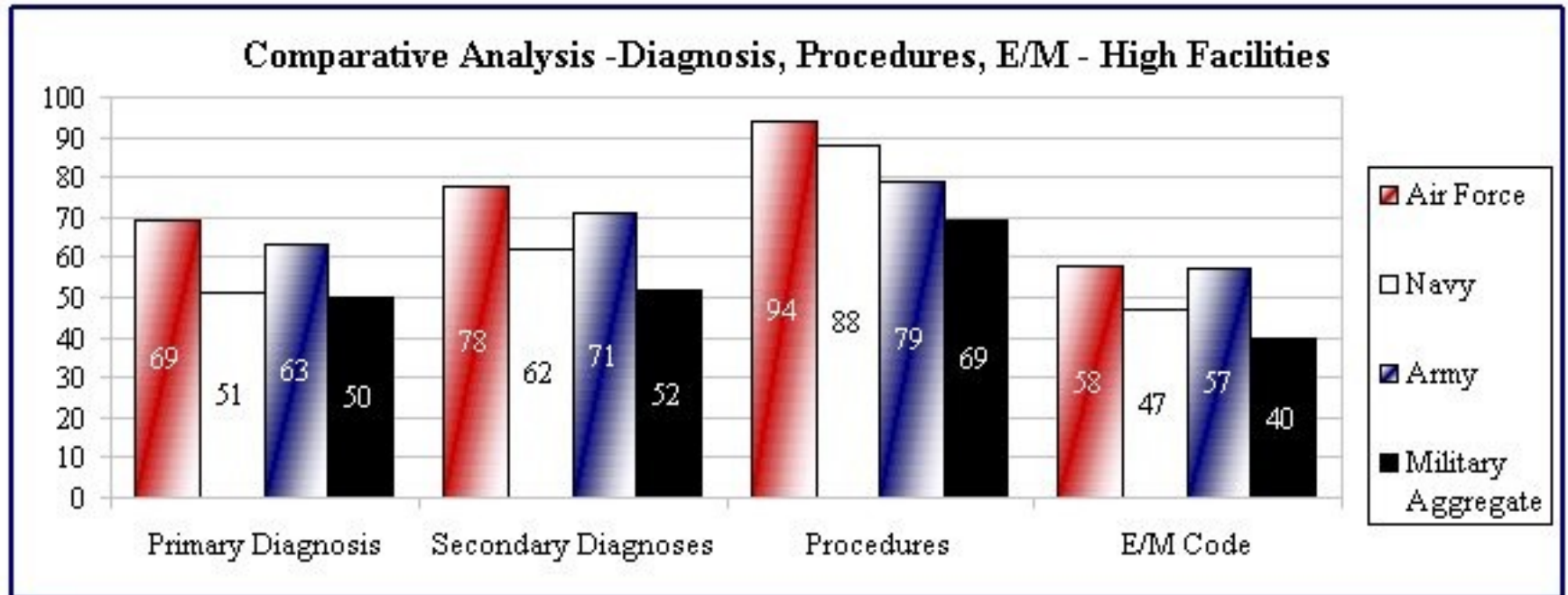
Database Case Selection



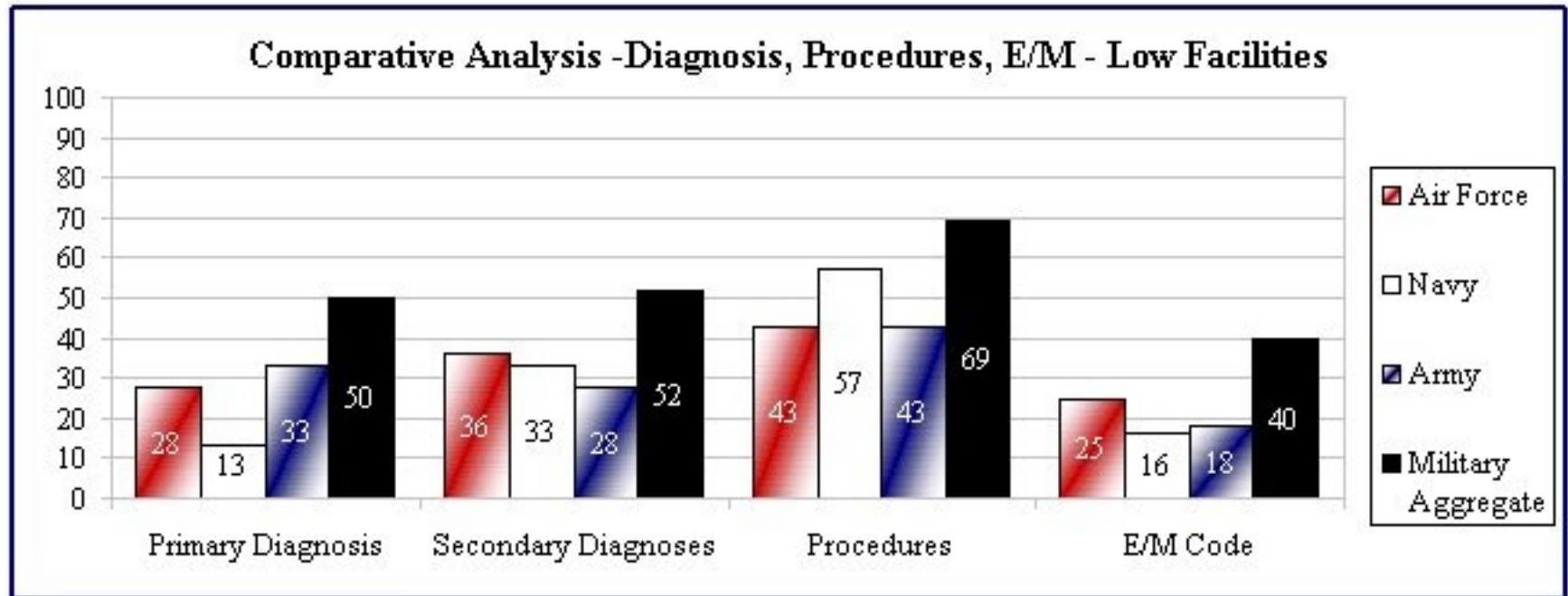
Comparative Analysis



Comparative Analysis



Comparative Analysis



Primary Reasons For Disagreement



- Primary Diagnosis
 - Diagnosis not accurate/not supported
- Secondary Diagnoses
 - Diagnosis not reported
- CPT/HCPCS
 - Procedure not reported
- E/M
 - Documentation supported a lower level E/M code than was reported in the database

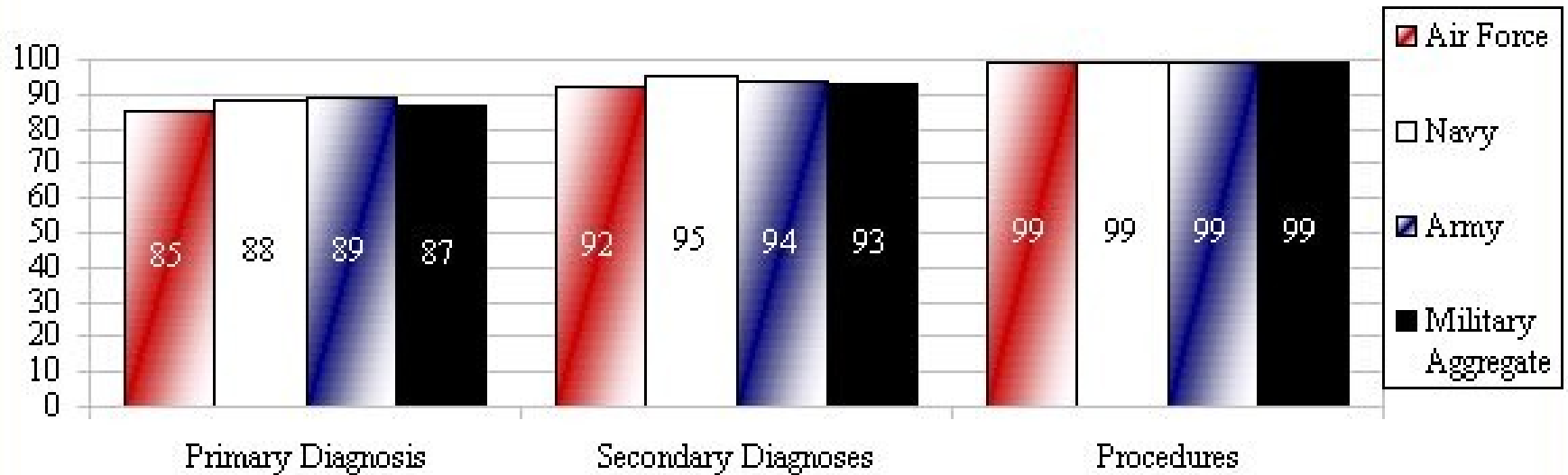
Precision



- Are all codes coded as specifically as they could be?

Precision

Comparative Analysis - Precision

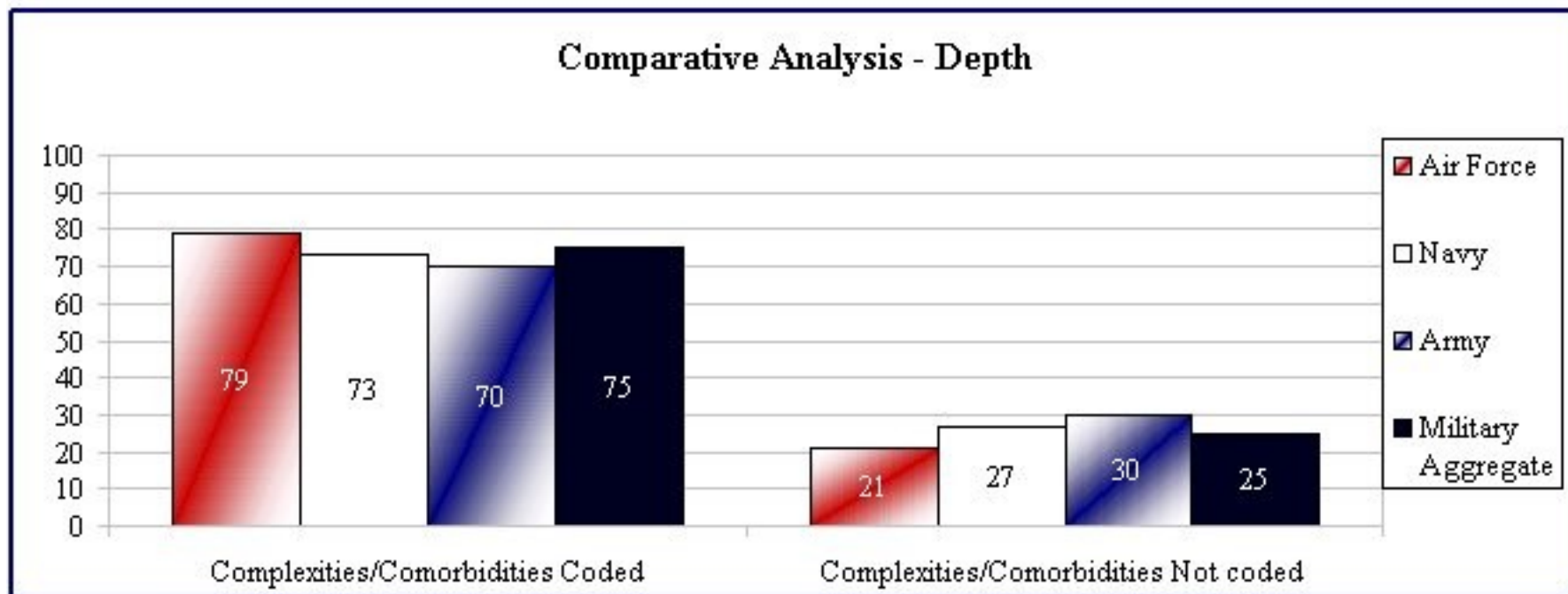


Depth



- Are all complexities and comorbidities coded?

Depth

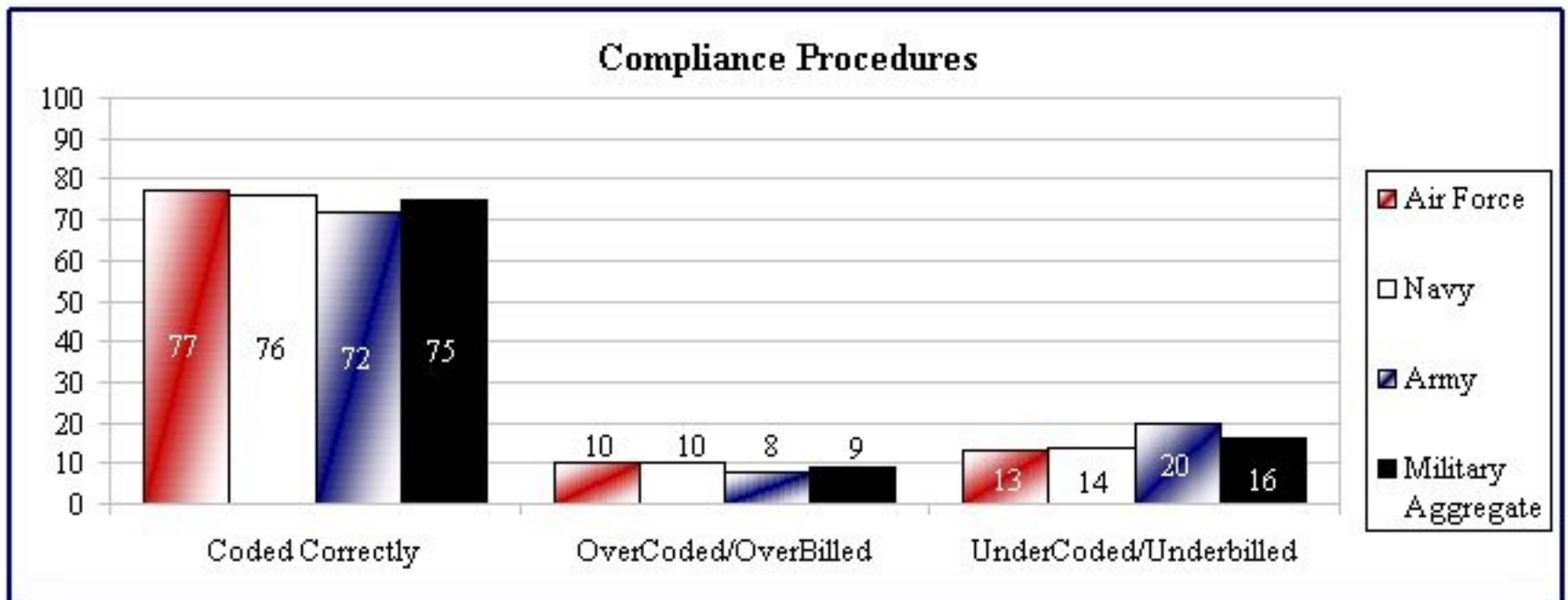


Compliance

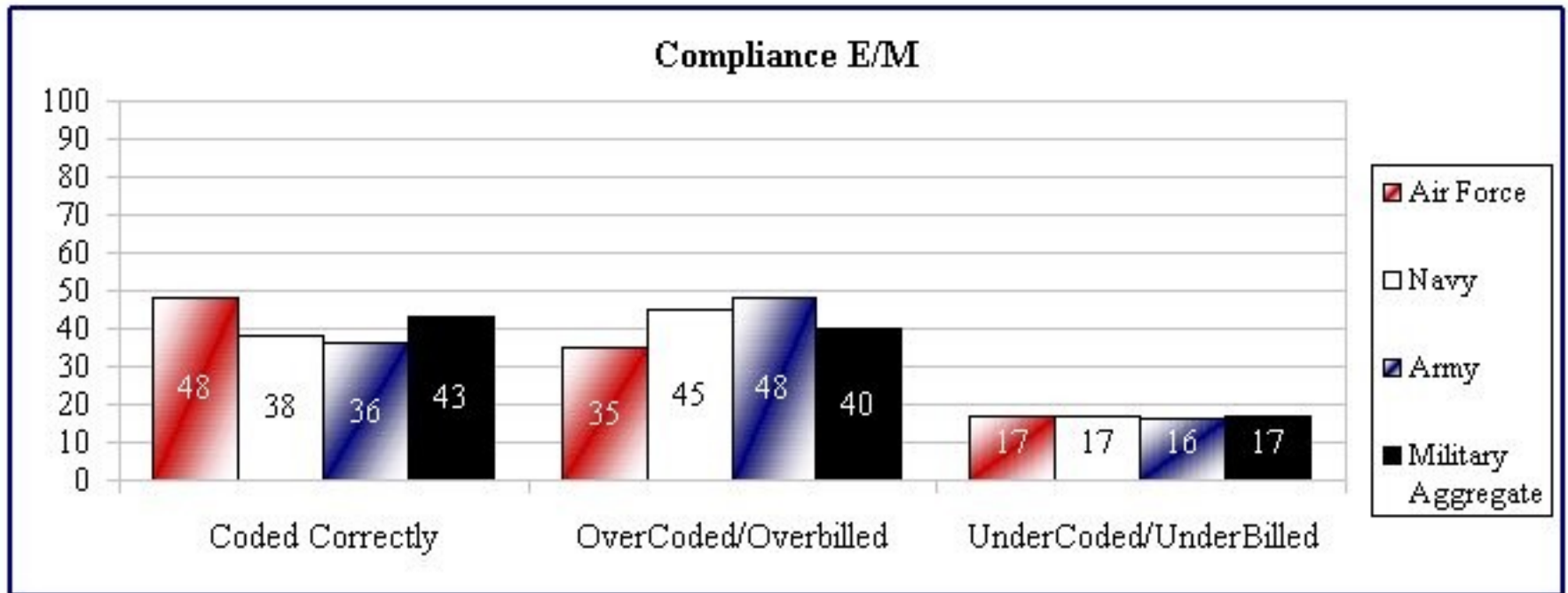


- Is encounter procedure and/or E/M codes
 - Overcoded/Overbilled
 - Undercoded/Underbilled

Compliance Procedures



Compliance E/M



General Comments



- Documentation of key components (history, examination and medical decision-making) not present
- Seventeen (17) percent of the medical records provided did not contain documentation for the services reported in the database
- Documentation not dated or identified by MEPRS code
- Documentation not legible
- Unavailability of records

AREAS OF CONCERN



- Diagnosis
 - Principal diagnosis not reason for encounter
 - Secondary diagnosis not reported
 - Non-compliance ICD-9-CM coding guidelines
 - Specificity
 - Probable, possible, rule-out
 - Counseling codes
- CPT Procedure/HCPCS
 - Not reported
 - Not supported by documentation

AREAS OF CONCERN



- E/M
 - Overcoding/Undercoding
 - Documentation
 - Non-compliance ADM Coding Guidelines
 - New vs. Established
 - Referrals vs. Consultations
 - Preventive Medicine vs. Office Codes
 - Number of records requested/received/reviewed/no documentation

Coding Quality Program



- Impact of inaccurate data
 - Reimbursement
 - Research
 - Statistics
 - Planning
 - Compliance

Steps to Coding Compliance



- Administrative buy-in
- Coding quality
 - Tools
 - Program
 - Analyst
 - Internal/External Audits
 - Continuing Education

Recommendations



- Documentation
 - Improves coding accuracy
 - Compliance efforts lead to process improvement
- Education
 - Outpatient coding guidelines for reporting diagnoses and procedures
 - New vs. Established patient based on MEPRS code
 - Documenting the patient history, level of physical examination and type of medical decision-making provided during the encounter

Recommendations (Continued)



- Determining when consultation E/M code should be assigned
- Determining when Preventive Medicine Services should be assigned

Recommendations (Continued)



- Orientation and training
- Audit
 - Internal/External
- Review payer denials
- Round table discussions